

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacists  
Managed Care Plans  
Regional Administrators  
CSO Administrators

**Memorandum No. 03-17 MAA**

**Issued:** June 9, 2003

**For further information, go to:**  
<http://maa.dshs.wa.gov/pharmacy/>

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Subject: Prescription Drug Program - Updates**

**Effective for dates of service on and after July 1, 2003, the Medical Assistance Administration (MAA) will implement the following changes to the Prescription Drug Program:**

1. Additions to the Maximum Allowable Cost (MAC) List;
2. Deletions from the MAC list; and
3. Adjustment to an existing Certified Average Wholesale Price (CAWP).

**1. MAC Additions:**

| <b>Generic Name</b> | <b>Strength</b> | <b>Form</b> | <b>MAC Effective 07/01/03</b> |
|---------------------|-----------------|-------------|-------------------------------|
| DILTIAZEM HCL       | 180MG           | CAPSULE SA  | \$0.96300                     |
| MEPROBAMATE         | 200MG           | TABLET      | \$0.86730                     |
| MEPROBAMATE         | 400MG           | TABLET      | \$1.10170                     |

**2. MAC Deletions:**

| <b>Generic Name</b>                        | <b>Strength</b>  | <b>Form</b> | <b>MAC Effective 07/01/03</b> |
|--|------------------|-------------|-------------------------------|
| METHYLTESTOSTERONE/<br>ESTERIFIED ESTROGEN | 1.25-<br>0.625MG | TABLET      | \$0.00000                     |
| METHYLTESTOSTERONE/<br>ESTERIFIED ESTROGEN | 2.5-1.25MG       | TABLET      | \$0.00000                     |

3. CAWP Adjustment:

| Generic Name  | Strength | Form | CAWP<br>Effective<br>07/01/03 |
|---|----------|------|-------------------------------|
| TESTOSTERONE<br>CYPIONATE<br>(NDC 00009-0417-02 ONLY) | 200MG/ML | VIAL | \$8.61000                     |

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